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| | | |
|---|--------------------------|------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | Attorney Docket Number | 03-096P |
| | First Named Inventor | Michael A. Moran |
| | COMPLETE IF KNOWN | |
| | Application Number | |
| | Filing Date | |
| | Art Unit | |
| <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

| |
|---------------------------|
| Hunter Shank Slide Anchor |
|---------------------------|

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

| | | | |
|---|--|---|---|
| Direct all correspondence to: <input type="checkbox"/> Customer Number: OR <input checked="" type="checkbox"/> Correspondence address below | | | |
| Name <div style="text-align: center;">Stanley M. Miller, Esq.</div> | | | |
| Address <div style="text-align: center;">748 Broadway, Suite 201</div> | | | |
| City <div style="text-align: center;">Dunedin</div> | | State <div style="text-align: center;">Florida</div> | |
| | | ZIP <div style="text-align: center;">34698</div> | |
| Country <div style="text-align: center;">USA</div> | Telephone <div style="text-align: center;">727-733-8825</div> | Fax <div style="text-align: center;">727-733-3163</div> | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) <div style="text-align: center;">Michael A.</div> | | Family Name or Surname <div style="text-align: center;">Moran</div> | |
| Inventor's Signature <i>Michael B. Moran</i> | | Date <div style="text-align: center;">10-9-03</div> | |
| Residence: City <div style="text-align: center;">New Port Richey</div> | State <div style="text-align: center;">Florida</div> | Country <div style="text-align: center;">USA</div> | Citizenship <div style="text-align: center;">USA</div> |
| Mailing Address <div style="text-align: center;">9155 Lakeview Drive</div> | | | |
| City <div style="text-align: center;">New Port Richey</div> | State <div style="text-align: center;">Florida</div> | ZIP <div style="text-align: center;">34654</div> | Country <div style="text-align: center;">USA</div> |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) <div style="text-align: center;">Gail M.</div> | | Family Name or Surname <div style="text-align: center;">Moran</div> | |
| Inventor's Signature <i>Gail M. Moran</i> | | Date <div style="text-align: center;">10-9-03</div> | |
| Residence: City <div style="text-align: center;">New Port Richey</div> | State <div style="text-align: center;">Florida</div> | Country <div style="text-align: center;">USA</div> | Citizenship <div style="text-align: center;">USA</div> |
| Mailing Address <div style="text-align: center;">9155 Lakeview Drive</div> | | | |
| City <div style="text-align: center;">New Port Richey</div> | State <div style="text-align: center;">Florida</div> | ZIP <div style="text-align: center;">34654</div> | Country <div style="text-align: center;">USA</div> |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

| | |
|---------------------------|---------------------------|
| Title of Invention | Hunter Shank Slide Anchor |
|---------------------------|---------------------------|

As the below named inventor(s), I/we declare that:

This declaration is directed to:

☒ The attached application, or

☐ Application No. _____, filed on _____,

☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

| | |
|--|--|
| FULL NAME OF INVENTOR(S) | |
| Inventor one: | Michael A. Moran |
| Signature: | <i>Michael A. Moran</i> Citizen of: U.S.A. |
| Inventor two: | Gail M. Moran |
| Signature: | <i>Gail M. Moran</i> Citizen of: U.S.A. |
| Inventor three: | |
| Signature: | |
| Citizen of: | |
| Inventor four: | |
| Signature: | |
| Citizen of: | |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto. | |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|------------------------|---------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Michael A. Moran |
| Title | Hunter Shank Slide Anchor |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 03-096P |

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|-------------------|---------------------|
| Stanley M. Miller | 26,310 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

| | | | | |
|--|-------|-----|--|--|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | State | Zip | | |
| Country | | | | |
| Telephone | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|----------------------|-----------|--------------|
| Name | Gail M. Moran | | |
| Signature | <i>Gail M. Moran</i> | | |
| Date | 10-9-03 | Telephone | 727 819 3870 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|---------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Michael A. Moran |
| Title | Hunter Shank Slide Anchor |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 03-096P |

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|-------------------|---------------------|
| Stanley M. Miller | 26,310 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|-------------------------|-----------|--------------|
| Name | Michael A. Moran | | |
| Signature | <i>Michael A. Moran</i> | | |
| Date | 10-9-03 | Telephone | 727-819-3870 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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